

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



May 29, 2003

ALL-COUNTY LETTER NO: 03-25

TO: ALL COUNTY WELFARE DIRECTORS
ALL IHSS PROGRAM MANAGERS

Reason For This Transmittal

- ☐ State Law Change
- ☒ Federal Law or Regulation Change
- ☐ Court Order or Settlement Agreement
- ☐ Clarification Requested by one or More Counties
- ☐ Initiated by CDSS

**SUBJECT: FEDERAL POVERTY LEVEL FOR THE AGED AND DISABLED
FEDERAL POVERTY LEVEL PROGRAM FOR INDIVIDUALS
AND NEW APPLICATIONS FOR 2002**

REFERENCE: (1) California Department of Social Services (CDSS) All-County Letter (ACL) No. 10-01, January 24, 2001;
(2) CDSS ACL No. 10-48, July 24, 2001;
(3) CDSS ACL No. 02-11, January 25, 2002;
(4) Department of Health Services (DHS) All-County Welfare Directors Letter (ACWDL) 02-13, March 5, 2002;
(5) Electronic Bulletin Board (EBB) 02013, April 19, 2002; and
(6) DHS' ACWDL 02-24, April 30, 2002

This All-County Letter (ACL) informs counties of the 2002 Effective Income Limits (EILs) that may allow Personal Care Services Program (PCSP) recipients to be eligible for the Medi-Cal Aged and Disabled Federal Poverty Level (A&D FPL) program for 2002. This letter also provides counties with instructions for processing newly eligible individuals and new applications.

This ACL, however, does not provide instructions to the counties on the 2002 EILs that may effect PCSP "couples" potential eligibility for the A&D FPL program. Instructions for those couples will be issued in a separate ACL.

BACKGROUND

The CDSS ACL 10-01 (A&D FPL Program for IHSS/PCSP recipients) provided A&D FPL implementation guidance to all county IHSS/PCSP Program Managers and Welfare Directors. The A&D FPL eligibility determinations originally depended upon the year 2000 FPL rates until the 2001 FPL rates became available. The year 2001 EIL changes were announced in ACL 01-48 and were effective on April 1, 2001.

2002 EIL INCREASE

DHS released the 2002 FPL rates in ACWDL 02-13. A copy of the 2002 Federal Poverty Level Chart is attached. (Attachment 1)

INDIVIDUALS

The EIL as of April 1, 2002 for individuals is \$969.00. This is derived from 100% of the 2002 FPL of \$739.00 plus the \$230.00 individual disregard set by Welfare & Institutions Code (WIC) 14005.40.

In comparison with the year 2001, the 2002 EIL for individuals has increased \$23.00. The A&D FPL EIL for individuals (\$969.00) exceeds the SSI/SSP individual payment standard (\$750.00) by \$219.00.

A Case Management, Information and Payrolling System (CMIPS) report run on March 14, 2002 indicates that 144 individuals were made eligible for A&D FPL due to the \$23.00 increase in the A&D FPL EIL. EBB 02013 established a process by which counties have received county specific lists of these recipients.

INSTRUCTIONS FOR COMPLETING THE “AGED & DISABLED FEDERAL POVERTY LEVEL PROGRAM FINANCIAL ELIGIBILITY FORM” (MC 176)

A Form MC 176 is included for reference as Attachment 3. County IHSS workers fill out the MC 176. The individual disregard of \$230 is entered on line 16 and 100% of the FPL (\$739) is entered on line 21.

SPECIAL PRE-AUTHORIZED TRANSACTIONS

Instructions for these 144 “newly eligible” individuals were not available prior to April 1, 2002. As a result, these recipients may have paid an excess share-of-cost (SOC). An Adjustment Transaction, Type “C” and Reason “O2” on the Case Management, Information and Payrolling System (CMIPS) Special Pre-Authorized Transactions screen may be used to reimburse these recipients that overpaid for services. The CMIPS User’s Manual, Section XI, IHSS Special Pre-Authorized Transactions, SOC 312, and Page XI-A-1 through Page XI-B-10 provide instructions on this process.

EFFECTS OF THE RETIREMENT SURVIVORS AND DISABILITY INSURANCE (RSDI) JANUARY 1, 2002, COST OF LIVING ADJUSTMENT (COLA)

Counties are reminded not to use the Retirement Survivors and Disability Insurance (RSDI) Cost of Living Adjustment (COLA) for 2002 when evaluating cases for A&D FPL eligibility between January 1, 2002 and April 1, 2002. After April 1, 2002, the RSDI COLA should be applied to an individual’s income [ACL 02-11 and WIC 14005.40(f)].

MEDI-CAL AGED AND DISABLED FEDERAL POVERTY LEVEL PROGRAM, INFORMATION SHEET

This information notice (Attachment 2 & 2B) must be mailed to all the newly eligible recipients.

Questions regarding this letter can be directed to your Program Operations Bureau, Operations and Technical Assistance Unit analyst at (916) 229-4000.

Sincerely,

Original Signed by
Donna L. Mandelstam on 5/29/03
DONNA L. MANDELSTAM
Deputy Director
Disability and Adult Programs Division

Attachments

2002 FEDERAL POVERTY LEVEL CHART									Effective 4/1/02
Persons	Monthly MMNL(\$)	MMNL as % of FPL	100%(\$) Monthly	Annual(\$) 100% FPL	120% Monthly (\$)	133% Monthly (\$)	185% Monthly (\$)	200% Monthly (\$)	250% Monthly (\$)
1	600	82	739	8860	886	982	1366	1477	1846
2	750	76	995	11940	1194	1324	1841	1990	2488
2 Adults	934	94	995	11940	1194	1324	1841	1990	2488
3	934	75	1252	15020	1502	1665	2316	2504	3130
4	1100	73	1509	18100	1810	2007	2791	3017	3771
5	1259	72	1765	21180	2118	2348	3266	3530	4413
6	1417	71	2022	24260	2426	2689	3741	4044	5055
7	1550	69	2279	27340	2734	3031	4215	4557	5696
8	1692	67	2535	30420	3042	3372	4690	5070	6338
9	1825	66	2792	33500	3350	3713	5165	5584	6980
10	1959	65	3049	36580	3658	4055	5640	6097	7621
For each addn'l member add:	14		257	3080	308	342	475	514	642

\$35: = for Resident in LTC Facilities

MMNL: = for Medically Needy Program

100% FPL: = for Qualified Medicare Beneficiary (QMB) Program; and
 = for Children Ages 6 Up To 19 Percent Program; and
 = for FPL Program for Aged and Disabled
 < for Section 1931 Applicants and for Certain Recipient's

120% FPL: < for Specified Low Income Beneficiaries

133% FPL: = for Children Ages 1 Up To Age 6

185% FPL: = for Transitional Medi-Cal (TMC) Program

200% FPL: = for Qualified Working Disabled Individuals; and
 = for Pregnant Women and Infants Up To Age 1 (disregard is in the 200% F

250% FPL: = for Healthy Families Program, and for Working Disabled Program

Notes:

"=" means: eligibility if budget unit income is equal to or less than income limit.

"<" means: eligibility if budget unit income is less than income limit.

Figures in above chart are rounded up to next dollar where necessary.

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ATTACHMENT 2**INFORMATION SHEET****Medi-Cal Aged and Disabled Federal Poverty Level Program**

Dear IHSS/PCSP Recipient:

The Aged and Disabled Federal Poverty Level Program is a Medi-Cal benefit that can reduce your current share-of-cost payment to zero if you meet all eligibility requirements. This program is available to Personal Care Services Program (PCSP) recipients who meet the following basic requirements:

1. Aged (65 years of age or older).
2. Disabled (no age requirement).
3. Have at least one IHSS provider who is an authorized PCSP provider. Spouses of recipients and parents of recipients who are minor children are not authorized PCSP providers.
4. Pay or would pay a share-of-cost for PCSP services.
5. Have a countable income below a certain limit (varies with individuals, couples or part of a family unit).
6. Must be PCSP eligible. If you are receiving advance pay you are not PCSP eligible and not eligible for the Aged and Disabled Federal Poverty Level Program.

The county's IHSS worker must determine your actual eligibility for this program. Alternatively, a Medi-Cal intake worker can also determine your A&D FPL eligibility. If you are found eligible, you will receive an In-Home Supportive Services **Notice of Action** that will provide you with information of the change in your share-of-cost payment from your current level to zero (\$0.00).

The change was added by Assembly Bill 2877, Chapter 93, Statutes of 2000, which added Section 14005.40 Welfare and Institutions Code.

Any changes in your financial status must be reported immediately to your county social worker.

If you have any questions, please contact your county social worker.

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ATTACHMENT 2 SPANISH**ADJUNTO 2B****Programa de Medi-Cal de Ancianos y Desabilitados
del Nivel Federal de Pobreza****Hoja de Informacion**

Apreciable Recipiente de IHSS/PCSP:

El Programa de Ancianos y Desabilitados del Nivel Federal de Pobreza es un beneficio de Medi-Cal que puede reducir su prevaleciente pago de su parte de costo a cero, si usted reúne todos los requisitos de elegibilidad. Este programa está disponible para recipientes del Programa de Servicios de Cuidado Personal (PCSP) los cuales reúnen los siguientes requerimientos básicos:

1. Edad (65 años de edad o mayor).
2. Desabilitado (no hay requerimientos de edad).
3. Tener cuando menos un proveedor de IHSS el cual sea proveedor autorizado de PCSP. Esposos de recipientes y padres de recipientes los cuales son niños menores de edad no están autorizados como proveedores de PCSP.
4. Paga o pagaría una parte de costo por los servicios de PCSP.
5. Tener un ingreso calculado abajo de cierto límite (varea según cada persona, pareja o parte de una unidad familiar).
6. Tiene que ser elegible para PCSP. Si usted está recibiendo el pago adelantado, usted no es elegible para PCSP y no es elegible para El Programa de Ancianos y Desabilitados del Nivel Federal de Pobreza.

El/la trabajador(a) de IHSS del condado tiene que determinar su elegibilidad real para este programa. Alternativamente, el trabajador inicial de Medi-Cal también puede determinar su elegibilidad de A&D FPL. Si usted es hallado elegible, usted recibirá una noticia de acción de Servicios De Apoyo En El Hogar el cual le proveerá información del cambio de pago de su parte de costo de su nivel prevaleciente a cero (\$0.00).

El cambio fue anadido por el Proyecto de ley de la Asamblea 2877, Capítulo 93, Estatuto del 2000, el cual anadió la Sección 14005.40 del Código de Bienestar y Instituciones.

Cualquier cambio en su posición financiera tiene que ser reportado inmediatamente a su trabajadora social del condado.

Si usted tiene cualquier pregunta, por favor comuníquese con su trabajadora social del condado.

ATTACHMENT #3

AGED & DISABLED FEDERAL POVERTY LEVEL PROGRAM FINANCIAL ELIGIBILITY FORM

CASE NAME	COUNTY DISTRICT	COUNTY USE
APPLICANT'S NAME (If different from above)	CASE #	EFFECTIVE ELIG. DATE FOR THIS BUDGET Month _____ Year _____
NAME ADDITIONAL MFBU MEMBER (SPOUSE)	NAME OF ADDITIONAL MFBU MEMBER (CHILD)	OTHER COVERAGE

NEW APP. REDETERMINATION CHANGE RETRO ELIG. CORRECTION

PART A Is the applicant(s)/beneficiary(ies) aged or disabled per Title 22, Sections 50221, 50223, & 50167:

Yes, then go to Part B

No: Do not complete this form; if not aged refer for disability determination

PART B INCOME ELIGIBILITY DETERMINATION

I UNEARNED INCOME

	Elig. Individual	Elig. Spouse/Child/Parent	Inelig. Family Membr #1	Inelig. Family Membr #2
1 OASDI	\$ _____	\$ _____	\$ _____	\$ _____
2 PROPERTY NET INCOME	\$ _____	\$ _____	\$ _____	\$ _____
3 IN-KIND INCOME	\$ _____	\$ _____	\$ _____	\$ _____
4 OTHER INCOME (Include Source of Other Income)	\$ _____ Source: _____	\$ _____ Source: _____	\$ _____ Source: _____	\$ _____ Source: _____
5 OTHER INCOME (Include Source of Other Income)	\$ _____ Source: _____	\$ _____ Source: _____	\$ _____ Source: _____	\$ _____ Source: _____
6 TOTAL INCOME INDIVIDUAL UNEARNED INCOME (ADD 1 THRU 5 IN EACH COLUMN)	Total of Above Boxes: \$ _____	Total of Above Boxes: \$ _____	Total of Above Boxes: \$ _____	Total of Above Boxes: \$ _____
7 COMBINED UNEARNED INCOME (Add Totals From Row 6)	TOTAL OF BOXES IN ROW 6: \$ _____			
8 SUBTRACT \$20 (Any Income Deduction)	- \$20			
9 REMAINING UNEARNED INCOME	\$ _____			

II EARNED INCOME

	Elig. Individual	Elig. Spouse/Child/Parent	Inelig. Family Membr #1	Inelig. Family Membr #2
10 GROSS EARNED INCOME	\$ _____	\$ _____	\$ _____	\$ _____
11 COMBINED EARNED INCOME (Add Amounts In Row 10)	\$ _____			
12 \$ 65 EARNED INCOME DEDUCTION PLUS \$ _____ FROM UNUSED \$20 DEDUCTION	- \$ _____			
13 REMAINING EARNED INCOME (Subtract line 12 from Line 11)	= _____			
14 50% EARNED INCOME DEDUCTION (Divide line 13 by 2)	\$ _____			

III NET NONEXEMPT INCOME AND ELIGIBILITY DETERMINATION

15 TOTAL EARNED AND UNEARNED INCOME (Add lines 9 and 14)	\$ _____	
16 DISREGARD FOR QUALIFIED INDIVIDUALS OR QUALIFIED COUPLES	- \$ _____	
17 HEALTH INSURANCE PREMIUMS	- \$ _____	
18 AGED & DISABLED MEDICALLY NEEDY DEDUCTIONS: SPECIFY	- \$ _____	
19 Deduction for Allocation to Ineligible Fam. Mbrs (= MNL for number of Ineligible Family Members)	- \$ _____	
20 NET NONEXEMPT INCOME (Line 15 - Lines 16 thru 19)	= \$ _____	
21 PROGRAM INCOME LIMIT (100% FPL For Number of Individuals Being Evaluated For Eligibility)	\$ _____	
22 ELIGIBLE IF LINE 20 AMT IS LESS THAN OR EQUAL TO LINE 21 AMT	ELIGIBLE NOT ELIGIBLE	
23 NOTE: If ineligible, assess for eligibility for other Medi-Cal programs		